•	Under the Paperwar	k Radvidlan A of se	4000		. 110	Oalant c=	Approved fo	C Use then	rh 7/04ma	TO/SB/06 (1	
•	Under the Paperwor	ENT APPLICA	1995, no person ATION FEE Substitute for t	DETERMIN Omn PTO-876	ATION RI	reign and Tra lection of Infor	demark Offi madon unle	œ; U.8. DE se il display	PARTMENT PARTMENT La valid OM	OMB 0651- OF COMME B control nun	
	. AF							1017	upplication or Docket Number 1720358		
		APPLICATION AS FILED - PART ((Column 1) (Column 2) SMALL ENTITY							OTHE	R THAN	
	FOR BASIC FEE	NUMBER	FILED	NUMBER EXTRA				OR -	SMALL ENTITY		
	(87 CFR 1.18(a), (b), or (c))		-	·	`	ATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	8EARCH FEE (87 CFR 1.16(N), (1), or (m))					 -				770	
I	EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))						· _				
ľ	TOTAL CLAIMS (37 CFR 1.16(1))	100		· ·	_		7	<u> </u>		<u> </u>	
1	INDEPENDENT CLAIMS	mi	nus 20 = 4		x	=		an	0		
-	(37 CFR 1.16(h))	1 1 m	nus 3 = •		. : ×	=		OR X	0 =	· · ·	
F	APPLICATION SIŻE			ngs exceed 100 on size fee due				× × × ×	Sle =	· ·	
¢	37 CFR 1.16(s))	additional 50 s	heels or fracio) for each	11	.			f		
•		1 00 0.5.C. 4 1(8	1(1)(G) and 37	CFR 1.16(s).	11	ľ	.	10	-n	İ	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR (.16(1)))											
٠,	I the difference in column	1 Ls less than zero,	enter "0" in colu	mai 2.	TOT			109	0		
		TON AS AMEN			. 101.	^L		· to	TAL 8	356	
.;	3.007	·	•								
_	C	umn 1)	(Column 2)	(Column 3)	SM	ALL ENTITY	OF	۲ C	THER TH	AN	
⋖ -	I CO I A	IAINING TER	NUMBER PREVIOUSLY	PRESENT EXTRA	·RATE (\$) ADDI			WALL ENTI	TY	
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٥	Independent (37 CFR 1.16(N)	Minus	00	1	x	=	OR	1,50	FE	E (1)	
	Application Size Fee (37	<i>-</i>	1	=	х	.= . ·	OR	200			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37.CFR 1.16(II))										
_	,		INI CLAIM , (37.C)	FR 1.16(II)			OR	Blew	1		
					ADD'L FEE		OR	TOTAL			
Γ	(Colum		(Column 2)	(Column 3)			-1 :	ADD'L FEE	بلبن		
l	REMAI	HING	HIGHEST NUMBER	PRESENT	RATE (\$)	ADDI-	7 6			 .	
ŀ	Total	MEINT	PREVIOUSLY PAID FOR	EXTRA	- (1/	TIONAL FEE (\$)	1 1	RATE (\$)	. ADD		
-	OT OFR 1.16(II)	Minus		<u>.</u>	X =	1	1		FEE		
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	Application Stze, Fee (37 C						OR X		1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(0))											

AMENDMENT

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the undering gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any continents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE